

Connecticut Handbook Addendum

ABOUT THIS HANDBOOK

This Connecticut Handbook Addendum applies to Stiles Machinery employees who work in the State of Connecticut and supplements our Employee Handbook. The policies noted in this Addendum are in addition to those that make up the Employee Handbook, and the policies that reside within that Handbook still apply to all employees of Stiles Machinery. In the event of any inconsistency between the Handbook and this Addendum, this Addendum will control for our employees working in Connecticut.

Connecticut-Specific Policies

1-1 Family and Medical Leave

In accordance with Connecticut law, Stiles Machinery will allow employees to take up to 12 weeks of leave in any 12-month period [CA1] for any of the following reasons:

- The birth of your child.
- The placement of a child with you by adoption or foster care arrangement.
- The care of any of the following family members with a serious health condition: a spouse; a child; a parent or parent-in-law; a sibling; a grandparent; a grandchild; or any person related to you by blood or affinity who has a close association to you, equivalent to a family relationship.
- The care of your own serious health condition.
- To serve as an organ or bone marrow donor.
- A qualifying exigency arising from the fact that your spouse, child, or parent: is on active duty; or has been notified of an impending call or order to active duty in the armed forces.

Employees are eligible for this leave provided the employee has worked for the Company for at least three months prior to a request for leave. If your need for leave is foreseeable, you must request leave at least 30 days in advance. If the leave is not foreseeable, you must provide notice as soon as is possible and practical. All requests for a medical leave of absence must be in writing accompanied by a doctor's statement that indicates your expected return date.

During your leave of absence, you must take all accrued paid time available to you, such as vacation, sick, or personal days, except that you will be able to retain two weeks of paid time off. You must also keep your supervisor up to date on your condition by calling in at least once a week unless you and your supervisor have agreed on other arrangements.

If the leave is for your serious health condition, Stiles Machinery requires a doctor's release for you to return to work. You must be able to perform the essential functions of your job to return to work after leave for your serious health condition.

If you believe that your rights to this leave have been violated, you can either file a complaint directly in Superior Court or with the Connecticut Department of Labor.

To file a complaint with the Connecticut Department of Labor, complete and submit the appropriate CTFMLA complaint form found on the Department's website (<https://portal.ct.gov/DOLUI/newfmlguidance>).

Employees who are eligible for family and medical leave may also be eligible for paid leave through the Connecticut Paid Family and Medical Leave Program. If you do not qualify for Stiles Machinery's Paid Time Off, you may be eligible for paid leave for up to 12 weeks in a 12-month period, or 14 weeks for a serious health condition that results in incapacitation during pregnancy. If you receive Paid Time Off, you may also be entitled to additional paid time through this Program (up to 12-weeks total), if you:

- Have earned at least \$2,325 within the time frame required under the law.
- Either are currently employed or were employed in the previous 12 weeks.

Employees submit applications for paid leave benefits directly to the Connecticut Paid Leave Authority.

Stiles Machinery may require that you use accrued vacation or other paid time off before using paid leave, in which case, you will be allowed to retain two weeks of paid time off.

1-2 Voting Leave

Stiles Machinery will grant two hours unpaid time off to vote on an election day for each employee in the case of a state election; or each employee who is an elector in the case of any special election for US senator, Congressional representative, state senator, state representative, or judge of probate.

You must request this time off at least two working days prior to the election to qualify for leave.

1-3 Witness and Crime Victim Leave

Occasionally, employees may be the victims of a crime or legally compelled to attend a judicial proceeding as a witness. You will be excused from work if you are:

- A victim of a crime and are attending or participating in legal proceedings related to that crime.
- Legally compelled to attend a judicial proceeding as a witness.
- An immediate family member or guardian of: a person who suffered direct or threatened physical, emotional, or financial harm because of a crime and is a minor, physically disabled, or incompetent; or a homicide victim.

You must notify your supervisor immediately of your need for leave under this policy.

Stiles Machinery reserves the right to request verification of your participation in legal proceedings, such as a copy of the summons or subpoena.

Leave under this policy is unpaid. However, exempt employees may receive time off with pay when necessary to comply with state and federal wage and hour laws. Retaliation against employees requesting leave under this policy is strictly prohibited.

1-4 Victims of Family Violence Leave Policy

If you are a victim of family violence, you may take up to 12 days of unpaid leave when necessary to:

- Seek medical care or counseling for any physical or psychological injury or disability.
- Obtain services from a victim services organization.
- Relocate because of the family violence.
- Participate in civil or criminal proceedings related to the family violence.

If your need for leave is foreseeable, you must give the Company seven days' notice of your need for leave. If your need for leave is not foreseeable, you must notify your supervisor as soon as practicable.

Stiles Machinery may request verification of your participation in legal proceedings, such as a police or court record or a signed statement from you or a professional involved in the case or from whom you have sought assistance.

Retaliation against employees requesting leave under this policy is strictly prohibited.

1-5 Volunteer Firefighter and Ambulance Servicemember Leave

Stiles Machinery will not discharge or discriminate against employees who are active volunteer firefighters or members of a volunteer ambulance service or company who come to work late or miss work because they responded to a fire or ambulance call before or during their regular work hours. If you need to take leave to respond to a fire or ambulance call, please notify your supervisor.

You must prove your status as an active volunteer firefighter or member of a volunteer ambulance service or company by submitting a written statement signed by the head of the volunteer fire department or ambulance service or company. The Company may also require you to verify that you did respond to a fire or ambulance call, specifying the date, time, and duration of your response.

1-6 Civil Air Patrol Leave

Stiles Machinery will not discharge, discipline, or discriminate against employees who are civil air patrol members and are absent from work:

- To respond to an emergency declared by the governor or the US president.
- To respond to a request for assistance in an emergency, natural disaster, or life-threatening event by: the US Air Force; the US Coast Guard; the Connecticut Department of Emergency Services and Public Protection (DESPP); the Division of Emergency Management and Homeland Security within the DESPP; or a state police or local police department.
- To participate in required emergency services training and exercises.

If you need to take leave to respond to a request for your services or to perform required training for the civil air patrol, please notify the Company as far in advance as possible of the dates of your planned leave.

You must notify the Company that you are a member of the civil air patrol and may be called up for service or training, either at the start of employment or on the date you join the civil air patrol. You must also provide the Company written verification of the reason for leave, provided by the civil air patrol.

1-7 Military Leave

Stiles Machinery will provide the necessary time off, without pay, to employees who must fulfill military obligations in any Armed Forces, National Guard, other uniformed services, or state military, as required by federal and state law.

If you need to take military leave, you must give advance notice of your service obligations to your supervisor, unless military necessity makes advance notice impossible. You should present your supervisor with your military orders and make arrangements for leave as early as possible before the beginning of leave.

You will not lose any employment privileges by taking leave. Please contact Human Resources for more information about military leave.

1-8 Military Family Leave

Stiles Machinery grants employees up to 26 workweeks of leave during a 12-month period to care for a spouse, child, parent, or next of kin (nearest blood relative) who is a current member of the armed services and has suffered a serious injury or illness in the line of duty. This includes leave to care for a service

member who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is on the temporary retired disability list. Individuals on the permanent retired disability list do not qualify.

Leave under this policy is calculated starting from the first day you take leave. You may use available accrued paid leave instead of unpaid leave.

Retaliation against employees requesting leave under this policy is strictly prohibited.

Connecticut Handbook Addendum Acknowledgment

This Connecticut specific Handbook Addendum is an important document intended to help our employees become acquainted with policies specific to the State of Connecticut. This document is intended to provide guidelines and general descriptions only; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the Company's operations may change, the contents of this handbook may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of leadership.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Connecticut Handbook Addendum.

I have received and read a copy of Stiles Machinery's Connecticut Handbook Addendum. I understand that the policies, rules, and benefits described in it are subject to change at the sole discretion of the Company at any time.

I further understand that my employment is terminable at will, either by myself or the Company, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind.

I understand that no representative of Stiles Machinery other than the Head of Human Resources and/or the President may alter "at will" status, and any such modification must be in a signed writing.

I understand that my signature below indicates that I have read and understand the above statements and that I have received a copy of the Company's Connecticut Handbook Addendum.

Employee's Printed Name: _____

Employee's Signature: _____ Date: _____

The signed original copy of this acknowledgment will be filed in your personnel file.